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d to a collection of information unless it disclays a valid OMB control number Application Number 9993184 REVOCATION OF POWER OF Filing Date **ATTORNEY WITH** First Named Inventor **NEW POWER OF ATTORNEY** Art Unit AND Examiner Name **CHANGE OF CORRESPONDENCE ADDRESS** Attorney Docket Number I hereby revoke all previous gowers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 66547 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with 66547 Customer Number: OR Firm or Individual Name Address City Zip State Country Telephone Email I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Yu President of Samsung Electronics Co., Ltd. Date Telephone NOTE. Signatures of all the investigate are below ees of record of the critic improst or their representative(s) are required. Submit multiple forms if more than one i Talai of forms are submilled

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